

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with:

Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECTION BRANIGAN

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM**DR-2**

(Rev. 12/2009)

**DISCLOSURE
REPORT****For Office Use Only**Comm. # 14034

Logged In

Scanned BW

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Met Grant
SIGNATURE OF PERSON FILING REPORT

712-322-1700

11-2-11

TELEPHONE

DATE SIGNED

I AM FILING A 11-3-11 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

POLK COUNTY

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (*also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

0

2,435.-

2,435.-

2,229.05

205.95

0

0

0

YES X NO

0

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELRT BRANIGAN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-4-11	ID# CK#	R. N. SCHLOTT 727 S. 13 th ST OMAHA, NE 68102		\$ 250. -	<input type="checkbox"/>
10-4-11	ID# CK#	RON + TERI TERI APPE 5 HORIZON DR COUNCIL BLUFFS, IA 51503		100. -	<input type="checkbox"/>
10-6-11	ID# CK#	DOAN CYNTHIA KETZLEY 17870 BONE TREE RIDGE COUNCIL BLUFFS, IA 51503		100. -	<input type="checkbox"/>
10-6-11	ID# CK#	PHILIP + MEYER MEYER 341 WOODLAND DR. COUNCIL BLUFFS, IA 51503		50. -	<input type="checkbox"/>
10-6-11	ID# CK#	TERI HAZEL MAE 23201 MC PHERSON AVE COUNCIL BLUFFS, IA 51503		50. -	<input checked="" type="checkbox"/>
10-6-11	ID# CK#	MARTHA BELL 2000 CHESTNUT ST. ATLANTIC, IA 50022		50. -	<input checked="" type="checkbox"/>
10-6-11	ID# CK#	DONNA PRITCHARD 2704 E. KANSAS AVE #39 COUNCIL BLUFFS, IA 51503		50. -	<input checked="" type="checkbox"/>
10-6-11	ID# CK#	KIRK MADSEN 2660 AVE J COUNCIL BLUFFS, IA 51501		50. -	<input checked="" type="checkbox"/>
10-6-11	ID# CK#	KELLI O'BRIEN 3216 GOLD ST. OMAHA, NE 68105		50. -	<input checked="" type="checkbox"/>
10-6-11	ID# CK#	JOHN JERKOVICH 535 W. BROADWAY COUNCIL BLUFFS, IA 51503		100. -	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 850. -	
TOTAL (If last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELECT BRANIGAN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-6-11	ID# CK#	STANLEY GROTE 130 EDWARD DR. COUNCIL BLUFFS, IA 51503		\$ 50.-	<input checked="" type="checkbox"/>
10-6-11	ID# CK#	DOUGLAS + DEBRA GOODMAN 17341 TURNBERRY RIDGE COUNCIL BLUFFS, IA 51503		50.-	<input checked="" type="checkbox"/>
10-6-11	ID# CK#	PATTI WIGGINS 116 W. BROADWAY COUNCIL BLUFFS, IA 51503		50.-	<input checked="" type="checkbox"/>
10-6-11	ID# CK#	LOREN GUIDRY 17865 BEAT TRAIL RIDGE COUNCIL BLUFFS, IA 51503		100.-	<input checked="" type="checkbox"/>
10-6-11	ID# CK#	RICHARD + DEBRA MILLER 1611 MADISON AVE. COUNCIL BLUFFS, IA 51503		100.-	<input checked="" type="checkbox"/>
10-6-11	ID# CK#	VERNE WERCH P.O. BOX 617 COUNCIL BLUFFS, IA 51502		125.-	<input checked="" type="checkbox"/>
10-6-11	ID# CK#	DASON + SARA JAMES 17375 235 th ST COUNCIL BLUFFS, IA 51503		150.-	<input checked="" type="checkbox"/>
10-6-11	ID# CK#	STEVEN MOSKOVITS 167 S. 16 th ST OMAHA, NE 68118		250.-	<input checked="" type="checkbox"/>
10-6-11	ID# CK#	GILBERT THOMAS 29 NORWOOD DR COUNCIL BLUFFS, IA 51503		100.-	<input checked="" type="checkbox"/>
10-6-11	ID# CK#	MICHAEL MCKINLEY (HUBBARD) 128 MCKENZIE CIR COUNCIL BLUFFS, IA 51503		100.-	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1075.-

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO GET BLANKIN

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(8), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-7-11	ID# CK#	GARDNER BROADBENT 120 AUTUMN CIR COUNCIL BLUFFS, IA 51503		\$ 100.-	<input checked="" type="checkbox"/>
10-19-11	ID# CK#	DAVID CHRISTIANSON 2735 N. BROADWAY COUNCIL BLUFFS, IA 51503		100.-	<input checked="" type="checkbox"/>
10-25-11	ID# CK#	NANCY SCHULZE 12800 240TH ST COUNCIL BLUFFS, IA 51503		35.-	<input type="checkbox"/>
10-6-11	ID# CK#	SANDRA HOWARD 904 DRONG AVE. COUNCIL BLUFFS, IA 51503		30.-	<input checked="" type="checkbox"/>
	ID# CK#	UNITEMIZED CONTRIBUTIONS		245.-	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 510.-	
TOTAL (if last page of this schedule)				\$ 245.-	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

COMMITTEE TO ELLIOT BRANNAN

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-6-11	ID# CK# 1	SAN'S CLUB COUNCIL BLUFFS, IA	SUPPLIES FOR FUNDRAISOR	\$135.67
10-10-11	ID# CK# 2	COPYCAT 1501 HOWARD ST. OMAHA, NE 68102	BROCHURES- PRINTING	76.36
10-10-11	ID# CK# 3	DESIGN A SIGN 2402 FARNAM ST. OMAHA, NE 68131	YARD SIGNS	561.75
10-10-11	ID# CK# 4	DAILY NONPAREIL 535 W. BROADWAY COUNCIL BLUFFS, IA 51503	NEWSPAPER ADVERTISING	550.-
10-21-11	ID# CK# 5	U.S. POSTMASTER OMAHA, NE 68108	POST CARDS w/ POSTAGE	725.-
10-21-11	ID# CK# 6	COPYCAT 1501 HOWARD ST. OMAHA, NE 68102	POST CARDS/ BROCHURES	180.27
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$2,229.05

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)